

DEMAND OF PAYMENT LETTER



Date: _____,20

To: _____

Suspect: _____

Address: _____

From: _____

Victim: _____

Business Phone #: _____

Address: (include business name)

Worthless Document:

Bank: _____ Account#: _____

Check #: _____ Date of Check: _____ Amount: _____

The above listed check was written to the above listed Victim/Business. It has been returned as either Non-Sufficient Funds or Account Closed. The above listed Victim is demanding payment as soon as possible, or within 10 days from receipt of this claim letter. Oregon law, under O.R.S. 165.065 states:

- (1) *A person commits the crime of Negotiating a Bad Check if the person makes, draws or utters a check or similar sight order for the payment of money, knowing that it will not be honored by the drawee. (2) For purposes of this section, unless the check is postdated, it is prima facie evidence of knowledge that the check or order would not be honored if: (1) The drawer has no account with the drawee at the time the check or order was drawn or uttered; or (b) Payment is refused by the drawee for lack of funds, upon presentation within 30 days after the date of utterance, and the drawer fails to make good within 10 days after receiving a notice of refusal. Negotiating a Bad Check is a Class A misdemeanor and can be enhanced to a Class C Felony.*

If payment is not received we will report this to the Grants Pass Department of Public Safety Police Division at the end of the 10 days. Thank you, in advance, for your prompt attention to this matter.

**GRANTS PASS DEPARTMENT OF PUBLIC SAFETY
WORTHLESS DOCUMENT REPORT**

CASE NO: _____

INSTRUCTIONS:

- * Please send original check – staple to this report
- * Complete one report for each check.
- * Answer all questions. PRINT or TYPE. Incomplete reports cannot be processed and will be returned.
- * Neither the Police or the DA's office will act as a collection agency. If a criminal case cannot be prosecuted, the check will be returned for civil action.
- * NSF/Account Closed checks which do not meet criteria as established by the Grants Pass Department of Public Safety check investigation policy will not be investigated.

Victim/Business: _____

Address: _____ Phone: _____

Witness #1: (Person Accepting check):

Last, First, MI: _____ Date of Birth: _____

Address: _____ Phone: _____

Witness #2:

Last, First, MI: _____ Date of Birth: _____

Address: _____ Phone: _____

Witness #3:

Last, First, MI: _____ Date of Birth: _____

Address: _____ Phone: _____

Date and Time check received: _____ / _____ Check #: _____

Amount of check: _____ Amount of Cash/Change Back: _____

Type of Items Purchased: _____

Agreement to hold check? Yes / No

Was check post dated? Yes / No

Was there a stop-payment on check? Yes / No

Is this a payroll check? Yes / No

*****To be completed by person accepting check*****

At the time of the acceptance, did you or your employer obtain the following information?

Specify who by witness number. Was information confirmed _____ or verbal _____?

Do you recall this transaction? Yes No Witness# _____

Can you identify the check passer? Yes No Witness# _____

CASE NO: _____

Yes No

How? _____

Yes No Witness# _____

Initial or mark?_____

Witness#_____

Yes No Witness#_____

Yes No Witness# _____

Yes	No	Witness#
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Yes	No	Witness#
-----	----	----------

Yes	No	Witness#
-----	----	----------

Yes No Witness# _____

Yes No Witness# _____

If so, what part? _____

Name: _____ Age/Birthdate: _____

Male: _____ Female: _____ Height: _____ Weight: _____ Hair color: _____

Piercings: _____

Can you provide a description of person with the suspect? Yes No

Description:

**GRANTS PASS DEPARTMENT OF PUBLIC SAFETY
WORTHLESS DOCUMENT REPORT**

CASE NO: _____

Did you observe any means of transportation used by the suspect (car, truck, bike, skateboard, etc.)? Yes No

Description: (color, year, make, model, body style, license #)plus any other identifiable items (stickers, damage, decals):_____

Do you have any additional information that may assist in this investigation? Yes No
If Yes, please provide:_____

Name and title of person filing this report:

Last, First, MI:_____

Address:_____Phone#:_____

I do hereby certify the above to be a true and correct report of the circumstances and statements as I know them, and I will willingly testify to these details.

Signature:_____Date:_____

Hand deliver during business hours (Mon – Fri 8:00 am – 5:00 pm) to:

Grants Pass Department of Public Safety

101 NW A Street, Grants Pass, OR 97526 (law annex at the courthouse)